Please type a plus sign (+) inside

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE **ADDRESS INDICATION FORM**

Under the Paperwork

 \boxtimes

*Total of

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Direct all correspondence to:					
🛛	Customer Number: 2311		7	Place Customer Number Bar Label I-lere ->	
OR	Type Customer Number here				
	Request for Customer Number (PTO/SB/125) submitted herewith.				
in the following listed application(s) or patent(s):					
Patent Nu	ımber	Patent		nt Date	U.S. Filing
(if approp		Application Number		ropriate)	Date
•	10/6	644,879			August 21, 2003
			(check	(check one)	
Typed or Printed Name	Leonard C. Mitchard				Applicant or Patentee
Signature	June				Assignee of record of the entire interest. Statement under 37 C.F.R. §
Date	August 24, 2005				3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer: 901 North Glebe Road, 11th Floor Arlington, VA 22203				Attorney or Agent of record	
				29,009 (Reg. No.)	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

forms are submitted.